

158TH
ANNUAL REPORT
OF
THE SOCIETY OF
THE LYING-IN HOSPITAL
OF THE CITY OF NEW YORK



FOR THE YEAR
1956

530 EAST 70th STREET, NEW YORK 21, N. Y.



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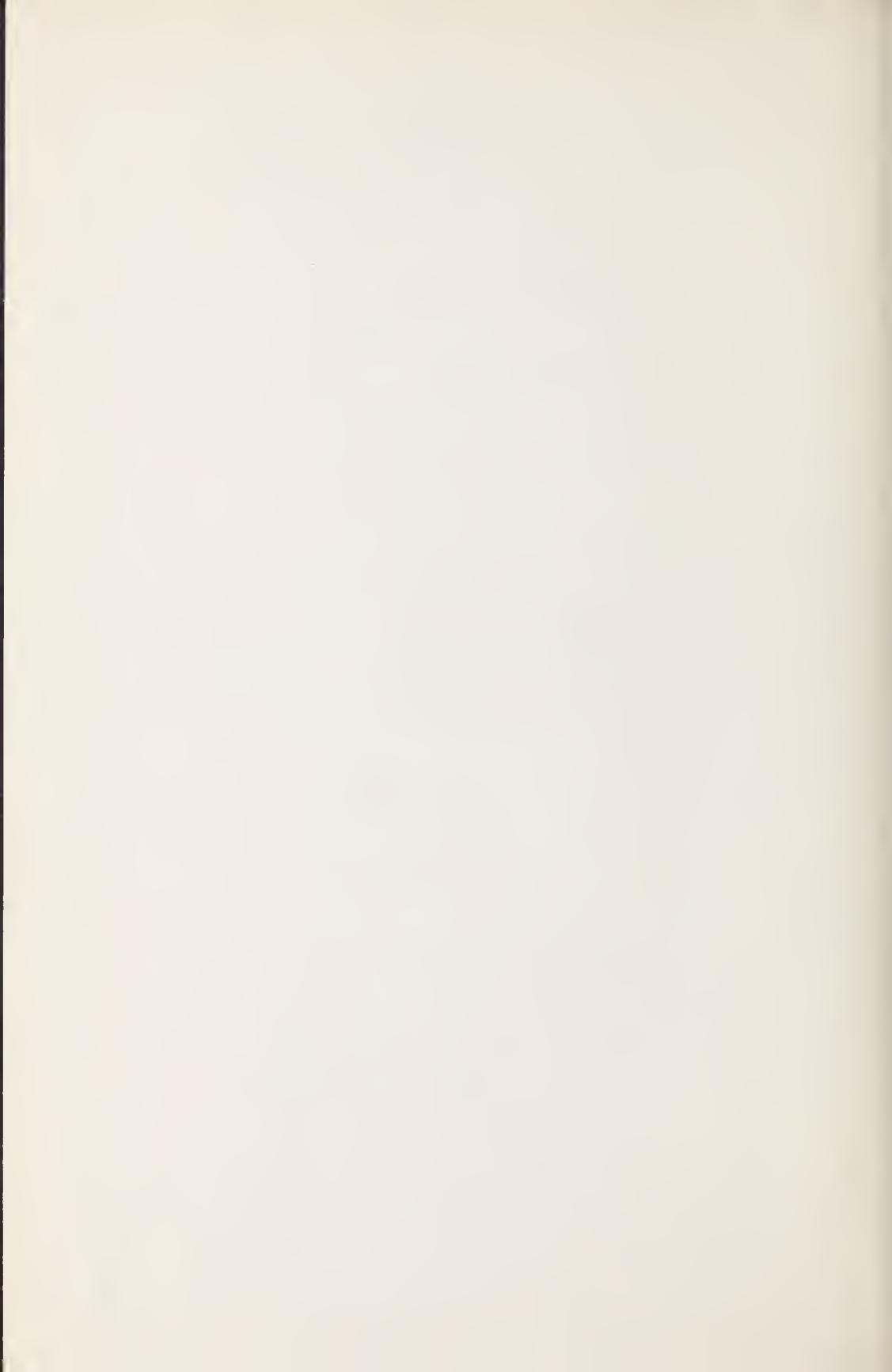


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The Society of The Lying-In Hospital was legally merged with The Society of the New York Hospital by authority of Chapter 223 of the Laws of the State of New York of 1947, the required Certificate of Merger having been filed in the Department of State on May 15, 1947.

REPORT OF THE PRESIDENT

The Board of Governors of The Society of the New York Hospital presents with pleasure and pride to our members and friends this record of The Lying-In Hospital for 1956.

As the Obstetrician and Gynecologist-in-Chief, Dr. R. Gordon Douglas, points out in his report, an all-time high figure of 12,164 patients, including newborns as well as adult obstetrical and gynecological patients, were discharged in 1956. Increased admissions took place in the semi-private and pavilion services, and were responsible for this high total. Not only did our obstetrical patients outnumber discharges of former years, but gynecological discharges were the largest on this service since the founding in 1932 of the New York Hospital-Cornell Medical Center at its present location.

A further fact which it is good to be able to report is that The Lying-In Hospital had in 1956, percentagewise, the lowest perinatal mortality in its long and enviable history, dating back to 1799.

In teaching and in research—which along with service are of prime significance to us—we have likewise moved forward. We are training more doctors, and we have had important research programs in operation. You will find this portion of Dr. Douglas's report especially interesting.

To supplement the professional and administrative efforts of the Hospital, including the professional work, the nursing service and the Social Service Department's case work, the Ladies' Auxiliary gave its never-failing devotion. When one considers that the minutes of the first recorded meeting of the Board of Managers of The New York Asylum for Lying-In Women opens with the words, "A Meeting of Ladies was held . . ." one can see how longstanding is the contribution of the Auxiliary to the Hospital. The help of its members in United Hospital Fund Campaigns and in many auxiliary matters has always been a source of strength to us.

The Board of Governors has asked me to express to every doctor and nurse, to every employee and every friend, its sincere appreciation for all that each does to add to the progress and to the prestige of our Department of Obstetrics and Gynecology.

HAMILTON HADLEY,
President.

STAFF

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J. RANDOLPH GEPPERT, M.D.	NELSON B. SACKETT, M.D.
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	W. HALL HAWKINS, M.D.

PROVISIONAL ASSISTANT, OBSTETRICS AND GYNECOLOGY

*E. WILLIAM DAVIS, JR., M.D.

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*THOMAS F. DILLON, M.D.	ROBERT M. WAGNER, M.D.

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CHARLES A. DEPROSSE, M.D.	JAMES P. MCNEIL, JR., M.D.
*JAMES GILMORE, M.D.	HERBERT A. ZACCHEO, M.D.

*Until June 30, 1956.

STAFF—Continued

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BENNETT BARTON, M.D.	JAY B. SKELTON, M.D.
HERBERT ROY KUHN, JR., M.D.	EDMUND McC. STAPLEFORD, M.D.

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KENNETH R. BALDWIN, M.D.	MELVILLE A. PLATT, M.D.
	ROBERT E. WIECHE, M.D.

FIRST YEAR ASSISTANT RESIDENTS

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JOHN F. DIETEL, M.D.	JULIAN P. SMITH, M.D.

INTERN

A. GARLAND JONAS, JR., M.D.

OBSTETRICAL AND GYNECOLOGICAL PATHOLOGIST

†CARL T. JAVERT, M.D.

ATTENDING ANESTHESIOLOGIST-IN-CHARGE

JOSEPH F. ARTUSIO, JR., M.D.

ASSOCIATE ATTENDING ANESTHESIOLOGIST

BENJAMIN E. MARBURY, M.D.

CHEMIST

ROY W. BONSNES, B.S., Ph.D.

STATISTICIAN

FRANCES A. MACDONALD, A.B.

RESEARCH ASSISTANTS

ELAINE R. GRIMM, Ph.D.	MARY CHRISTIAN HILL, M.S.
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LABORATORY ASSISTANTS

HELEN BODNAR	IONE F. DAVIS
MILDRED MICHENER	<i>Bacteriology</i>
<i>Pathology</i>	

MARIE FLORIO

AMY MARNEY

NELSON L. OSTERBERG

Chemistry

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VERDA F. HICKCOX, M.A., R.N., *Head of Obstetrical and
Gynecological Nursing Service*

KATHLEEN NEWTON SHAFFER, M.A., R.N., *Head of Out-Patient
Nursing Service and Instruction*

DIRECTOR OF SOCIAL SERVICE

VIRGINIA T. KINZEL, B.A.

*Until June 30, 1956. †Until October 1, 1956.

REPORT OF THE OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor of presenting herewith the 158th Annual Report of the Lying-In Hospital of the City of New York for the year 1956.

Statistics. Including the newborn, 12,164 patients were discharged from this department during the year. This alltime high figure compares with 11,560 in the year 1955 and 11,250 in 1954. Adult discharges numbered 7,886, and of these, 5,348 were obstetric and 2,538 gynecologic patients.

Increased admissions to the semiprivate service were partly responsible for the total increase in obstetric admissions. It is significant, however, that there were 56 more admissions to the pavilion service than during the preceding year. Distribution of discharged patients on this service was as follows: 11.5 per cent private, 36 per cent semiprivate, and 52.5 per cent pavilion. Approximately 167 unregistered patients were admitted by ambulance. A policy was in effect throughout the year of admitting all such emergency patients brought to the hospital by the Roosevelt, Metropolitan, and Knickerbocker hospital ambulances.

Approximately 170 obstetric patients pregnant out of wedlock were investigated by the Social Service Department during the year. This represents more patients in this category than were seen in any year during the past quarter century. Mrs. Virginia T. Kinzel and her staff have rendered a very valuable service to this group of unfortunate women in solving many of their socio-economic and psychological problems. Mrs. Kinzel has made an exhaustive study of the problems involved and is making substantial contributions in her capacity as a member of the Executive Committee of the National Association of

Services to Unmarried Patients. She is also serving as 1957 Chairman of the Community Council Committee on Problems of Adoption and the Unmarried Mother.

There were, unfortunately, three maternal deaths. Two of these occurred in antepartal patients; one due to a neurogenic sarcoma and the other due to cardiac failure in a patient with rheumatic heart disease and acute pyelonephritis. The third death followed a spontaneous abortion in an unregistered patient and was due to acute nephritis and associated uremia.

Among the 4,267 babies weighing 500 or more grams (1.1 pounds), who were born during the year, the total perinatal mortality was 109, or 2.6 per cent. The corresponding figures for all fetal and infant deaths over 1,000 grams (2.2 pounds) was 2.1 per cent and for those that weighed over 1,500 grams ($3\frac{1}{3}$ pounds) was 1.4 per cent. These figures indicate the lowest perinatal mortality in the history of the Lying-In Hospital.

It is significant to note that of the total of 109 infant deaths, 83, or 76.1 per cent of the total, were prematures (weighed less than 2,500 grams). Among the 3,940 infants born at term, the perinatal mortality was 26, or 0.7 per cent. Eight of these term infants died prior to the onset of labor and 10 died of congenital anomalies. Additional detailed information concerning cause and time of death in different weight groups is given in the latter part of the obstetric report.

Gynecologic discharges number 2,538. This represents the largest number of patients cared for on this service since the founding of the center at this location in 1932 and indicates an increase of 12.6 per cent over 1955. It is significant that an increased number of semiprivate patients was largely responsible for the gain, but it is gratifying that there was also a substantial increase of 96 or 9 per cent in pavilion admissions.

There were 16 deaths on this service during the year. Three were private or semiprivate patients and 13 were on the pavilion service. All but one of these patients had malignant neoplastic disease. On 13 of these women, operation was performed during the terminal admission.

Plant Improvements. Some structural changes on pavilion M-2 were

completed in December. These included conversion of the large 16-bed open pavilion into four separate units with two new toilet facilities. Sound proofing in the east-west corridor was accomplished. Plans have been prepared for the construction of a new joint recovery room on M-8. This will be located in an area adjacent to both the operating and delivery rooms. The plan is made possible by the transfer of a number of activities to the central supply room and relocation of a nurses' dressing room, which is totally inadequate at present, to the ninth floor. Our present recovery room facilities involve the use of individual labor rooms not designed or equipped for the purpose. This practice necessitates the restriction of these facilities to selected patients and requires individual nurses for each patient. After a quarter of a century of operation, the air-conditioning equipment for the operating and delivery rooms appears to have outlived its useful purpose, and present indications are that it should be replaced during 1957. It is hoped that the new equipment will be adequate to extend air-conditioning to the labor rooms and the proposed recovery room.

Staff. Dr. Carl T. Javert, Associate Professor of Clinical Obstetrics and Gynecology resigned on October 1. With the exception of his service with the Armed Forces during World War II, he was a member of the staff of this hospital since 1933. He has accepted the position of Professor of Clinical Obstetrics and Gynecology at the College of Physicians and Surgeons of Columbia University and Director of Obstetrics and Gynecology of Woman's Hospital, a division of St. Luke's Hospital. Dr. Javert also served as pathologist to the Lying-In Hospital for the past ten years. Dr. Elmer E. Kramer has succeeded him in this position. We all wish Dr. Javert success in this new venture.

Dr. E. William Davis has replaced Dr. Myron I. Buchman as obstetric and gynecologic consultant to the Comprehensive Care and Teaching Program. Dr. Davis spent several months in Stockholm and other European centers studying their methods of treating neoplastic disease of the reproductive organs.

Dr. William J. Sweeney, III has served as a gynecologic consultant to the multiple sclerosis clinic in the Hospital for

Special Surgery. All necessary equipment has been assembled, including the adaptation of a wheel chair to serve as an examining table. It has been possible to conduct thorough examinations and to perform all indicated diagnostic procedures. Patients requiring surgical care have been transferred to this department.

The number of residents serving the department will be increased from 20 to 22 on July 1, 1957. As of that date there will be six first and second year assistant residents, five third year assistant residents, three first year residents, and two second year residents. Following this year of transition, there will be six assistant residents in each of the first three years and two residents in each of the last two years of the training program.

Research Activities. The psychiatric investigation of habitual abortion is now in its third year, and it is possible to evaluate preliminary results at this time. This is a study which, under the direction of Dr. Edward C. Mann and his associates, seeks to gain understanding of the emotional life of habitual aborters. It also seeks to determine the importance, if any, of emotional life in the causation of recurrent spontaneous abortion and the dynamics involved in the curative process. As such, it is a method of psychodynamic investigation which has been modified to double as a method of therapy.

During the first two years of the exploratory study, 105 habitual aborters were seen and psychiatrically evaluated. Of this number 19 were seen in psychiatric consultation by attending physicians and were not followed. An additional six were found to have an "incompetent internal cervical os" and either have had or are going to have corrective surgery. The remaining 80 comprise the study as it relates to the method as a therapy. Of this number 31 have delivered normal living infants, eight have miscarried, ten are in various stages of pregnancy, two have dropped out of treatment without becoming pregnant, and 29 are still in the preconceptional phase of therapy. Considering only those patients in the study group who, by virtue of delivery or abortion, responded successfully or unsuccessfully to our treatment program, we have a total of

39 patients. While from a statistical standpoint this number is small, comparison of outcome of pregnancy before and after treatment merits mention. This group, among whom were nine secondary aborters and 30 primary aborters, had, prior to treatment, a total of 168 pregnancies. Of these, 156 ended in miscarriage and 12 ended in viable births. Expressed comparatively, 92.9 per cent of all pregnancies before treatment ended in abortion; with treatment, 20.5 per cent ended in abortion.

During the past year, Dr. Landesman and associates have extended their studies of the conjunctival vessels in pregnancy and in the toxemias. A mobile unit for observation in very acute toxemic patients who are unable to sit up has been made available on the delivery floor. A 400 foot movie of the conjunctival vessels in normal pregnancy, in toxemia, and in the pregnant diabetic patient has been completed. Preliminary studies of premature infants are in progress. With a lid retractor it is possible to visualize the conjunctival vessels in these infants. Further modifications in technic may be necessary as this study progresses.

An investigation of the use of reserpine in acute toxemia and hypertensive disease has been completed. Oral and intravenous preparations may be administered during pregnancy without toxicity to mother or fetus. Contrary to some reports in the literature, no improvement in fetal salvage or in the incidence of small babies has been demonstrated in our patients with hypertensive disease. Prolonged oral use of reserpine often delays the apparent advent of superimposition of toxemia, masking its manifestations, but not modifying the basic toxemic processes despite significant lowering of the blood pressure.

Preliminary observations of the clearance rates of Na^{24} in the human cervix during pregnancy have been performed on a few patients. Na^{24} in small amounts is injected at a known distance into the cervix. By means of a scintillating detector, clearance rates may be obtained without difficulty. It is our hope that a direct practical method utilizing this technic might be made available to determine circulation rates in the uterine musculature during normal pregnancy and in patients with toxemia, diabetes, or prolonged pregnancy.

Dr. E. William Davis has taken over the cytological investigation of ascitic fluid obtained by cul-de-sac aspiration or at the time of celiotomy. The purpose of the investigation is to determine the value of this technic in the preoperative diagnosis in the case of ovarian tumors and other suspected intra-abdominal neoplastic disease. This study will be pursued during the coming year. Dr. Davis has also initiated a study of the conditions determining the development of vaginal metastatic disease in patients with carcinoma of the endometrium. His investigations will attempt to correlate such factors as the nature of the treatment, histologic grade of the tumor, etc. with the development of the metastasis in this location.

Two new projects in the area of biochemical research have been started this year by Dr. Bonsnes and associates. A survey of the glucocorticosteroids of pregnant diabetic patients is under way. The results so far allow for no interpretation. In collaboration with Dr. Mary Ann Payne of the Department of Medicine, a survey of the serum glutamic oxaloacetic transaminase in obstetrical patients is in progress. Up to this time, the data indicate no important change in the concentration of this enzyme during normal pregnancy, labor, or early puerperium.

In collaboration with Dr. Thomas F. Dillon and Dr. Vincent du Vigneaud, studies of the posterior pituitary hormones are continuing. This year a clinical study of pure oxytocin compared to Pitocin has shown oxytocin, whether isolated or synthesized, to be as effective for routine obstetrical uses as Pitocin, thus showing that in most obstetrical situations the activity of Pitocin is due to its oxytocic content. Evaluation of the use of oxytocin for the relief of breast engorgement due to milk in patients unable to feed their infants satisfactorily has indicated that the dose of oxytocin required to stimulate adequate milk ejection in these patients may be greater than that required to elicit the response in normal lactating patients.

Studies in areas discussed in previous reports are continuing as suitable cases present themselves.

The maternal and fetal circulations were investigated histologically by Dr. Carl T. Javert with special consideration of

the arteriovenous shunts of the uterus and decidua. Suggestive evidence was found that openings are made in these shunts by trophoblastic action of the chorionic villi, thereby securing blood for the intervillous spaces of the placenta. These common openings provided for a to-and-fro exchange of tidal blood. Comparison can be made with the tidal exchange of air in the lungs through numerous bronchioles. An exhibit of the circulation in the uteroplacental organ is in preparation.

Dr. William D. McLarn, in conjunction with Dr. Edward C. Mann, has assembled the necessary equipment and commenced investigations pertaining to motility, and radiologic investigations of the human uterus in patients with a history of habitual abortion. Comparable studies are planned on normal control patients in order to evaluate the validity of the existence of the so-called incompetent internal os of the uterus. Many problems have been encountered in the initiation of this program of study, some of which have been successfully resolved, and it is planned to pursue these studies in 1957. Dr. McLarn has completed an exhaustive study of the fetal results in patients with severe pre-eclampsia. These data are now being assembled and it is hoped that more definitive criteria for the management of such patients will be established.

In vitro studies on the reaction of the human uterine muscle strip to oxytocin and vasopressin have been concluded by Dr. Richard A. Ruskin. Each has the property of causing rhythmical uterine contractions, oxytocin exerting the more powerful influence toward term, and vasopressin reacting with greater contractions on the non-pregnant and early gestational uteri.

Vasopressin has been used both intramuscularly and intravenously to reproduce the milk let-down phenomenon observed by Nickerson et al. with oxytocin. Vasopressin, intravenously, while it does possess this same pharmacologic property, has a definite coronary constrictor property evidenced by chest fullness or tightness, slight shortness of breath, and blanching of the facies.

A book by Dr. George Schaefer entitled, "Tuberculosis in Obstetrics and Gynecology" was published by Little, Brown

and Company in June, 1956. Experiences in this area from this department form the basis for this publication. Dr. Schaefer has initiated a pathologic and clinical study comparing all patients operated upon for pelvic tuberculosis who had received preliminary antimicrobial therapy with those patients previously treated surgically who did not have the benefit of such treatment. He also has under investigation those patients delivered during the years 1952-1956 with pulmonary tuberculosis who have had major thoracic surgery.

Drs. McLane, Gepfert, Sweeney, and associates have reorganized some of the activities in the infertility clinics. New patients and their husbands meet once a month in an evening session for orientation in the subject. Diagnostic and other investigations are deferred to determine whether pregnancy may supervene as a result of this contact. It is planned to make additional changes during the coming year to improve the service and aid in the solution of the many difficult problems in this field. Investigations in this area include studies on sperm penetration of cervical mucus, local employment of antimicrobial agents in the treatment of endocervical disease, and a post-operative roentgenographic investigation of the genital tract following corrective surgery.

Many members of the attending staff contributed to a large number of meetings held in this country, Canada, and Europe.

Conclusion. In summary, the different activities of the department have been productive in research, teaching, and patient care. It is most gratifying that the number of pavilion patients cared for, so important in the teaching and resident training program, has increased slightly during the past year. This is in contrast to the experience in many institutions throughout the country. A change in the distribution of patients in the direction of a higher percentage of those on the private as compared to pavilion service could seriously jeopardize these activities.

I should like to express my sincere appreciation to all workers in this department whose loyal devotion to their duties has made it possible to render the best care to our patients. I am grateful for valuable help from Dr. Joseph C. Hinsey, Director

of The New York Hospital-Cornell Medical Center, Dr. Henry N. Pratt, Director of The New York Hospital, Dr. August H. Groeschel, Associate Director, Dr. E. Hugh Luckey, Dean of the Cornell University Medical College, and Mr. Laurence G. Payson, Secretary and Treasurer of The Society of the New York Hospital. The staff is most grateful to the Board of Governors of The Society of the New York Hospital and to the Ladies' Auxiliary to the Society of the Lying-In Hospital for their continued and generous support.

Respectfully submitted,

R. GORDON DOUGLAS, M.D.

Obstetrician and Gynecologist-in-Chief

REPORT OF THE HEAD OF OBSTETRICAL AND GYNECOLOGICAL NURSING SERVICE

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor of presenting the Annual Report of the Lying-In Hospital Nursing Service and Nursing Education for the year 1956.

Patient Care

In their management of the nursing service, nurses continue to strive toward meeting the hopes and expectations of patients. Although the aim is individualized service, the only real opportunity to achieve this goal is in situations where patient and nurse have close and continuing contact such as exists in repeated clinic visits, group discussions with expectant parents, the rooming-in arrangement and conditions involving prolonged hospitalization.

Prenatal classes for expectant mothers, conducted with the help of the pediatric staff and the nutritionist, continue, but with smaller attendance. Many of the primiparas work until near to the time of delivery, and multiparas are less likely to feel the need of classes or less able to attend them. Father's classes, on the other hand, have been well attended and with great enthusiasm. Obstetricians as well as pediatricians assist with these sessions. Attendance at the two sessions which are open to both husband and wife indicate the increasing value which is placed on the opportunity to share learning experiences.

Eighteen per cent, or 763 of the 4,206 patients delivered, attended the course, "Preparation for Parenthood," and 28.25 per cent, or 1,188 mothers had their babies rooming-in with them. Parents appreciate the opportunity to be together during labor and the daily evening visiting hour for husbands.

This has been a particularly busy year in the gynecological nursing service, with 264 more surgical patients cared for through 1,404 more patient days than during 1955.

Staffing

Our staffing problems in nursing reflect the national shortage of well-prepared, professional health workers. Consequently

more service was rendered to more individuals by fewer professional nurses than in any preceding year. Six head nurses, three assistant head nurses, and nine senior staff nurses resigned during the last third of the year. The Out-Patient Department Staff has remained fairly constant. Resignations from the In-Patient Service have exceeded appointments for the past four years. This year there were forty-nine resignations and forty appointments. At the end of the year the In-Patient professional nursing staff was at seventy-five per cent strength, including part-time and per diem nurses.

Fortunately we were able to employ a larger number of auxiliary workers than is authorized by the budget. These compensate in a limited way for the lack of professional workers. However, due to the continuing shortage of professional workers, the ability and willingness of every member of the medical and nursing staff to help this auxiliary group improve and enlarge their participation in the service becomes basic to every other consideration.

Members of the nursing staff have been drawn upon increasingly for participation on committees and programs in nursing both outside and inside the Hospital and School of Nursing. Our instructors in the course, "Preparation for Parenthood," have been particularly in demand. "Nurse-Patient Relationships in a Hospital Maternity Service" by Vera Keane of our own staff and Marion Lesser, a social scientist, was published in the spring of 1956. This book, reporting a study made in the department the previous year, is of significance to anyone in the health professions. One of the important contributions to health literature which this book makes is in reporting in their own words how the nurse feels about her job as well as how the patient feels about the nurse's job and about what she hopes for in the way of nursing service. Readers might find this a valuable adjunct to the mental hygiene or sociological studies that have been made.

A number of the nurses have participated in a pilot study conducted by one of the obstetric residents. The aim of this study was to try to find out more about the needs of pregnant women and how these needs may be met by a flexible and individualized approach to maternity care in the nursing service,

without affecting the regular medical routine. These patients will continue to be followed.

The maternity nursing manual used in the department has been revised during the year. In December, representatives of the public health nursing agencies of the city met with our staff to discuss revisions in our cooperative policies and procedures now well on the way to completion. Mutual problems were also reported and discussed. The outcome of the meeting was better understanding of the respective functioning of the hospital and other agencies and, therefore, more effective working together should be anticipated. Three senior nursing students made an important contribution to patient care in a study of referrals to the Well Baby Clinic conducted in the Pediatric Out-Patient Department. This study resulted in a change in hospital procedure and significant reduction in broken appointments.

Nursing Education

Basic Students. It is in this setting of interest in quality of care while maintaining the service with difficulty, that student nurses study and practice maternity nursing. A total of 112 undergraduate students completed twelve weeks of study and practice in the care of maternity patients and infants: seventy from the Cornell University-New York Hospital School of Nursing, thirty-one from the Skidmore College Department of Nursing, and eleven from the University of Vermont School of Nursing which affiliated this year for the first time. The entire class of sixty-one senior students had two weeks practice in gynecological nursing during the summer term; eighteen who had their first clinical practice in this department returned for a further eight-week experience in maternity nursing and thirteen others for an eight-week elective program. The availability of these senior students was an important factor in maintaining the services during the summer vacation months.

Practical Nurse Students. Sixty-five students from the Hospital for Special Surgery School for Practical Nurses completed a six-week program in maternity nursing.

Graduate Nurse Field Students. Twenty-nine graduate students had field work experience in the maternity service during the

year: twenty in the maternity program, seven in the pediatric nursing program, one in nursing service administration program at Teachers' College, New York City, and one in nursing service administration at St. John's University in Brooklyn. Special programs lasting from two to twelve weeks have also been arranged for six other graduate nurses.

Since this report will be published near the date of my retirement, I appreciate the opportunity it gives me to express my gratitude to Dr. R. Gordon Douglas, Obstetrician and Gynecologist-in-Chief, for his unfailing understanding and support, to Miss Virginia Dunbar, Dean of the School of Nursing, Miss Muriel Carbery, Director of the Hospital Nursing Service, Mrs. Virginia T. Kinzel, Director of Social Service, Miss Jeanette Walters, Assistant Department Head of Obstetrical and Gynecological Nursing Service, Mrs. Margery Overholser, Director of Public Health Nursing, and all of my associates in the Hospital and School of Nursing who have made my twenty-five years at The New York Hospital a rich and rewarding experience. I should also like to acknowledge my debt to the long line of nurses and other professional colleagues whose ideas and labors throughout the years have helped to develop the day-to-day plans through which we try to translate the philosophy of the institution into practice. Finally, I should like to pay tribute to the patients. Their point of view and willingness to express their needs has kept us trying to develop the services that will best serve them.

Respectfully submitted,

VERDA F. HICKCOX
*Head of Obstetrical and Gynecological
Nursing Service*

REPORT OF THE PRESIDENT OF THE LADIES' AUXILIARY

To the Board of Governors of
THE SOCIETY OF NEW YORK HOSPITAL

GENTLEMEN:

I have the honor to present to you the annual report of the Ladies' Auxiliary to the Society of the Lying-In Hospital.

The Babies' Alumnae, our major source of income, has again forged ahead to an all time record of \$8,774.94, an increase of \$975.87 over the 1955 receipts. We have the superb leadership of Mrs. Robert Grier of her tireless and devoted committee to thank for this magnificent showing. About half the income results from renewals inspired by our birthday card reminders. The Babies' Class under Mrs. Graham Hawks has also showed an increase, this year's receipts being \$50.00 ahead of 1955 and an additional twenty-two members have increased the membership list. We are deeply indebted to our United Hospital Fund Chairman, Mrs. Elmer Kramer, for her arduous task of guiding us through this annual struggle. It was unfortunate that we only gathered 155 donors and totaled \$5,348.74. Several "special gifts" were lacking which last year brought our total to \$7,054.15. We shall hope that next year may prove more favorable. Included in our total were the receipts from Box Week, \$107.20 in all. With Mrs. Johannsen in charge, eight board members staffed Mary Elizabeth's Ltd. Restaurant and the Bankers Trust in Radio City. We are most appreciative of the graciousness shown us by them and extend our cordial thanks.

Most fortunately, we may again express our deep gratitude to Station WOR for their most generous gift of ninety layettes at Christmas time. As a result many mothers went home especially happy. We have distributed six large and twelve small layettes of our own, throughout the year, under the charge of Mrs. M. Johannsen. We are most thankful to her and to the ladies of the A. W. V. S. whose skillful sewing and dainty touches have made the layettes so attractive.

Our warm expression of gratitude goes to our Treasurer, Mrs. Paul Pryibil whose ability to handle our financial problems has been of inestimable value to the Ladies' Auxiliary. We are happy to acknowledge with many thanks the repeated grant of the Danziger Fund for Orthopedic Appliances.

We are deeply appreciative of the staunch support of the Board of Governors of The Society of the New York Hospital which enabled us to meet our budget.

It is hard to come anywhere near expressing the true appreciation and gratitude of the Board of the Ladies' Auxiliary to Mrs. Kinzel and her devoted staff for the magnificent job they have accomplished. They have worked long and arduously, being short-handed for many months following the resignation of Mrs. Gillespie last August.

Their case reports presented to us from time to time have been very inspiring and we thank them.

Respectfully submitted,

A. ROUTH VON HEMERT, President

LADIES' AUXILIARY
THE SOCIETY OF THE LYING-IN HOSPITAL

**Statement of Cash Receipts and Cash Disbursements of
the Treasurer for the Year ended December 31, 1956**

CASH BALANCE, JANUARY 1, 1956 (including General Fund with Treasurer of Ladies' Auxiliary \$1,000 and the Abraham L. Danziger Fund \$50.00)..... \$ 2,946.19

RECEIPTS:

Dues:

Patron.....	\$ 500.00
Contributing.....	500.00
Sustaining.....	660.00
	<hr/>
	\$ 1,660.00

Donations:

United Hospital Fund (including Greater New York Fund).....	\$ 6,576.30
The Society of the New York Hospital.....	7,000.00
Abraham L. Danziger Fund.....	100.00
Other.....	520.00
	<hr/>
	14,196.30

Babies Alumni—Dues.....	8,748.90
Babies Class—Dues.....	361.00

Payments by Patients:

Cash Relief.....	7.30	24,973.50
	<hr/>	
Total Receipts.....		\$27,919.69

DISBURSEMENTS:

Salaries:

Professional Staff.....	\$18,361.81
Clerical Staff.....	4,244.91
	<hr/>
	22,606.72

Supplies and Expense.....	1,368.07
Medical Relief.....	149.91

Transportation of Patients.....	3.35
---------------------------------	------

Advances to Patients:	
Cash Relief.....	43.38

Purchase of Equipment for Patients from Abraham L. Danziger Fund.....	74.00
	<hr/>

Total Disbursements.....	\$24,245.43
	<hr/>

CASH BALANCE, DECEMBER 31, 1956 (including General Fund with Treasurer of Ladies' Auxiliary \$1,000 and the Abraham L. Danziger Fund of \$76.00) ... \$ 3,674.26

Respectfully submitted,

HELEN P. PRYIBIL, *Treasurer.*

LADIES' AUXILIARY
TO
THE SOCIETY OF THE LYING-IN HOSPITAL
1957

OFFICERS

Mrs. A. PHILIPPE VON HEMERT	<i>President</i>
Mrs. GEORGE E. WATSON, JR.	<i>Vice President</i>
Mrs. PAUL PRYIBIL	<i>Treasurer</i>
Mrs. MARCO W. JOHANNSEN	<i>Assistant Treasurer</i>
Mrs. DAVID N. BARROWS	<i>Recording Secretary</i>
Mrs. GRAHAM G. HAWKS	<i>Corresponding Secretary</i>

MEMBERS OF THE BOARD OF THE LADIES' AUXILIARY

Mrs. DAVID N. BARROWS	Mrs. CLARENCE VAN S. MITCHELL
Mrs. FREDERICK H. GOWEN	Mrs. ALEXANDER P. MORGAN
Mrs. ROBERT S. GRIER	Mrs. FRANK L. POLK
Mrs. GRAHAM G. HAWKS	Mrs. PAUL PRYIBIL
Mrs. MARCO W. JOHANNSEN	Mrs. NELSON B. SACKETT
Mrs. ELMER E. KRAMER	Mrs. A. PHILIPPE VON HEMERT
Mrs. GEORGE E. WATSON, JR.	

ADVISORY COMMITTEE

Mrs. E. FARRAR BATESON	Mrs. PAUL G. PENNOYER
Mrs. ALLAN S. LOCKE	Mrs. JOHN O. VON HEMERT

Mrs. MARCO W. JOHANNSEN	<i>Chairman of House Committee</i>
Mrs. ROBERT S. GRIER	<i>Chairman of Babies' Alumni</i>
Mrs. GRAHAM G. HAWKS	<i>Chairman of Babies' Class</i>
Mrs. PAUL PRYIBIL	<i>Chairman of Ways and Means</i>

LADIES' AUXILIARY
TO
THE SOCIETY OF THE LYING-IN HOSPITAL

MEMBERS

Auchincloss, Mrs. J. Howland
Barrows, Mrs. David N.
Bartow, Mrs. Francis D.
Bateson, Mrs. E. Farrar
Bell, Mrs. W. Howard
Bodman, Mrs. Herbert L.
Buchman, Mrs. George
Buchman, Mrs. Myron I.
Budd, Mrs. Kenneth P.
Burgess, Mrs. W. Randolph
Burton, Mrs. Harris
Bush, Mrs. Donald F.
Canfield, Mrs. Cass
Cheney, Mrs. Ward
Clark, Mrs. Sibyl Y.
Clarke, Mrs. George Hyde
Cogswell, Mrs. William F.
Cushman, Mrs. Paul
Dennen, Mrs. Edward H.
Dickey, Mrs. Charles D., Jr.
Douglas, Mrs. R. Gordon
Finn, Mrs. William
Foley, Mrs. Edward H., Jr.
Gardner, Mrs. Paul E.
Gause, Mrs. Ralph W.
Glassman, Mrs. Oscar
Gowen, Mrs. Frederick H.
Greve, Mrs. William M.
Grier, Mrs. Robert S.
Griswold, Mrs. William E. S.
Hammond, Mrs. Paul L.
Hard, Mrs. DeCourcy L.
Harder, Mrs. Lewis B.
Harriman, Mrs. E. Roland N.
Harris, Mrs. Henry P. Upham
Harrower, Mrs. Gordon
Hawks, Mrs. Graham G.
Heidsieck, Mrs. E. John
Huey, Mrs. G. H. Harris
Hughes, Miss Mildred Gray
Javert, Mrs. Carl T.
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Kramer, Mrs. Elmer E.
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Lavalle, Mrs. John
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Lloyd-Smith, Mrs. Wilton
Locke, Mrs. Allan S.
Lovett, Mrs. Robert A.
McLane, Mrs. Charles
Markoe, Mrs. James W.
Marston, Mrs. Hunter S.
Mendelson, Mrs. Curtis L.
Mitchell, Mrs. Clarence Blair
Mitchell, Mrs. Clarence Van S.
Moore, Mrs. Louis de Bebian
Morgan, Mrs. Alexander P.
Morgan, Mrs. Henry S.
Morgan, Mrs. Junius S.
Nathanson, Mrs. Joseph N.
Peck, Mrs. Samuel A.
Pennoyer, Mrs. Paul G.
Pierce, Mrs. Palmer E.
Pratt, Mrs. Harold Irving
Prince, Mrs. Frederick H., Jr.
Pryibil, Mrs. Paul
Polk, Mrs. Frank L.
Redmond, Mrs. Henry S.
Redmond, Mrs. Roland L.
Robertson, Mrs. Hugh S.
Rudloff, Mrs. John A.
Rue, Mrs. Francis J.
Ruskin, Mrs. Richard A.
Russell, Mrs. Marshall

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Sackett, Mrs. Nelson B.	Tibbett, Mrs. Lawrence
Schaefer, Mrs. George	Tompkins, Mrs. Boylston A.
Searls, Mrs. Fred J.	Trevor, Mrs. Bronson
Smith, Mrs. Frank R.	von Hemert, Mrs. A. Philippe
Smithers, Mrs. Christopher D.	von Hemert, Mrs. John
Stewart, Mrs. William A. W.	von Stade, Mrs. F. Skiddy
Stander, Mrs. Henricus J.	Wardwell, Mrs. Allen
Stanton, Mrs. Edward F.	Watson, Mrs. George E., Jr.
Symington, Mrs. J. Fife, Jr.	Wellington, Mrs. Herbert G.
Tappin, Mrs. Huntington	Whitridge, Mrs. Arnold

ENDOWED BEDS

- | | |
|------|--|
| 1895 | MR. AND MRS. GEORGE G. WILLIAMS. <i>In Memory of</i> MRS. ROBERT L. STUART |
| 1902 | ANNA WOERISHOFFER. <i>In Memory of</i> ANTOINETTE, COUNTESS SEILERN |
| 1912 | MRS. GEORGE P. EUSTIS. <i>In Memory of her mother</i> , LUCY MORGAN STREET |
| 1912 | ANNA WOERISHOFFER. THE ANNA WOERISHOFFER BED |
| 1914 | LILLA GAITES. THE MARIE STUART BED |
| 1916 | HENRY CLAY FRICK |
| 1928 | ESTATE OF HENRI D. DICKINSON. <i>In Memory of</i> IDA MAY DICKINSON |

REPORT OF THE DIRECTOR OF SOCIAL SERVICE

*To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL*

GENTLEMEN:

I take great pleasure in presenting the Annual Report of the Social Service Department of Lying-In Hospital for the year 1956.

Seven hundred and eighty-five patients were offered case work help by the Department this year. There were 7,727 interviews and conferences in connection with these cases. An additional 2,808 interviews were held where no cases were made. These interviews represent a slight increase over the previous year despite the staff shortage during the last three and a half months of the year. As usual, a social worker was present at all clinic sessions.

Last year we noted increases in certain types of referrals. These trends continued. The requests for services from the private and semi-private floors numbered 55 this year as compared with 48 in the previous year. Since 1951 there has been more than a 65% increase.

The number of unmarried mothers referred to Social Service was also greater than in any previous year. A total of 172 such patients were seen. As a result of our interest in and activity with these patients, the Director was asked to serve on the Executive Committee of The National Association of Services to Unmarried Parents and to chair the 1957 Community Council of Greater New York Committee on Problems of Adoption and Unmarried Mothers.

Approximately one-third of the 167 unregistered patients coming to the hospital via ambulance were brought to the attention of this Department. Many required emergency planning.

The subjects of our case presentations to the Ladies' Auxiliary Board during the past year give an indication of other areas

of concern. They were as follows: The Obstetrical Cardiac Patient, The Psychological Aspects of Cancer, The Use of Home-maker Services and The Current Problems of Terminal Care. The last mentioned was also presented to the entire medical staff at the request of Dr. Douglas.

We have responded to the requests of the doctors in the Infertility Clinic to give more intensive service to the patients attending that clinic. This has been undertaken despite the fact that we feel the need to have an enlarged staff if we are to make a full contribution to new programs and participate in research.

Participation in Medical College and School of Nursing teaching programs was continued, as in previous years.

Our Volunteer group working on Babies Alumni contributed 1,448 hours of time and surpassed its previous record in obtaining contributions. We are most grateful for their untiring work.

We are very appreciative of the 90 layettes received from the WOR Children's Fund at Christmas time and of the grant from the Danziger Fund which again enabled us to supply orthopedic appliances as needed. Through interested individuals we were able to contribute 262 books to the Patient's Library.

The effort to carry out our objectives was aided immeasurably by the cooperation of our co-workers and understanding help of the Administration.

Our sincere thanks and appreciation go to Dr. Douglas and the Ladies' Board for their support and guidance.

Respectfully submitted,

VIRGINIA T. KINZEL
Director of Social Service

PATRONS AND BENEFACTORS

A donor subscribing at one time to the funds of the Society the sum of five thousand dollars becomes a patron of the Society, and a person so subscribing the sum of five hundred dollars becomes a benefactor of the Society.

PATRONS

HARRIETTE M. ARNOLD	JOSEPH F. LOUBAT
VINCENT ASTOR FOUNDATION	J. PIERPONT MORGAN
ROBERT BACON	J. PIERPONT MORGAN, JR.
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GEORGE F. BAKER, JR.	HENRY PHIPPS
EDWARD F. COLE	HERBERT L. PRATT
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BARONESS DE HIRSCH	THOMAS F. RYAN
THOMAS W. LAMONT	CHARLES STEELE
MRS. THOMAS W. LAMONT	CORNELIUS VANDERBILT
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WILLIAM WALDORF ASTOR	WALTER E. FREW
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MRS. ELLIOTT C. BACON	EDWIN GOULD
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DUNBAR W. BOSTWICK	W. PIERSON HAMILTON
MRS. DUNBAR W. BOSTWICK	MRS. W. PIERSON HAMILTON
GEORGE T. BOWDOIN	MRS. CHARLES W. HARKNESS
FREDERIC BRONSON	MRS. E. HENRY HARRIMAN
MRS. HENRY MORTIMER BROOKS	MRS. JAMES NORMAN HILL
MRS. C. HENRY BUHL	CLARENCE M. HYDE
JOHN CLAFLIN	JAMES H. JONES
ALFRED CORNING CLARK	MRS. AUGUSTUS D. JULLIARD
WILLIAM R. CRAIG	MRS. SIDNEY A. KIRKMAN
MRS. FREDERIC CROMWELL	WILLIAM G. LOW
ASA B. DAVIS, M.D.	MRS. JAMES MCLEAN
JOHN W. DAVIS	CLARENCE H. MACKAY
MRS. GEORGE E. DODGE	JOHN MARKLE

BENEFACtors—*Continued*

JOHN MAYER	Mrs. J. FIFE SYMINGTON, JR.
MRS. JOHN GODFREY MOORE	FRANCIS LYNDE STETSON
JUNIUS S. MORGAN, JR.	HENRY A. C. TAYLOR
OSWALD OTTENDORFER	MRS. VANDERBILT
WILLIAM H. PORTER	MRS. FRED W. VANDERBILT
WILLIAM E. RANDOLPH	MRS. SIDNEY WEBSTER
NORMAN B. REAM	F. DELANO WEEKES
HENRY SANDERSON	GRACE G. WILKES
HERBERT L. SATTERLEE	GEORGE G. WILLIAMS
MRS. HERBERT L. SATTERLEE	EGERTON L. WINTHROP
MARY SCOVILLE	MRS. ROBERT WINTHROP

ANNA WOERISHOFFER

DISTRIBUTION OF BEDS

OBSTETRICAL	<i>Adult</i>	<i>Bassinets</i>
Private.....	16	16
Semi-Private.....	39	28
Pavilion.....	72	58
Total.....	<u>127</u>	<u>102</u>
 GYNECOLOGICAL		
Private.....	10	
Semi-Private.....	26	
Pavilion.....	43	
Total.....	<u>79</u>	
Total Adult Beds.....	206	
Total Bassinets.....	102	Total <u>308</u>

DISCHARGES

OBSTETRICAL (Adults)			
Private.....	616		
Semi-Private.....	1,924		
Pavilion.....	2,808		<u>5,348</u>
 GYNECOLOGICAL			
Private.....	311		
Semi-Private.....	1,073		
Pavilion.....	1,154		<u>2,538</u>
			<u>7,886</u>
NEWBORN.....			<u>4,267</u>
INFANT BOARDERS.....			<u>11</u>
			<u>12,164</u>

SUMMARY OF OBSTETRICAL AND GYNECOLOGICAL SERVICES

September 1, 1932—December 31, 1956

TOTAL NUMBER

Obstetrical adult patients (Indoor, Outdoor, Berwind)	109,893
Infant (Indoor, Outdoor, Berwind)	90,711
Gynecological patients.....	<u>37,614</u>
 GRAND TOTAL.....	<u>238,218</u>

STATISTICS
OBSTETRICAL DEPARTMENT
January 1, 1956—December 31, 1956

	Number	<i>Per cent of 5,348 Adult Discharges</i>
TOTAL DISCHARGES		
†*Abortion, operative.....	470	8.8
Abortion, spontaneous.....	58	1.1
Premature operative delivery.....	120	2.2
Premature spontaneous delivery.....	169	3.2
Full term operative delivery.....	1,460	27.3
Full term spontaneous delivery.....	2,458	46.0
Ectopic pregnancy (20 tubal, 1 cornual)....	21	0.4
**Hydatidiform mole (2 intermediate type, 4 benign).....	6	0.1
Discharge before delivery.....	470	8.8
Postpartum (within 6 weeks).....	97	1.8
Postpartum (after 6 weeks).....	17	0.3
Died undelivered.....	2	0.04
Infant boarders.....	11	..
TOTAL.....	5,359	
RACE (PREGNANCIES)		
White.....	4,404	92.5
Colored.....	358	7.5
TOTAL.....	4,762	100.0
PRESENTATION (FULL TERM AND PREMATURE DELIVERIES)		
	Number	<i>Per cent</i>
Vertex.....	4,004	95.2
Breech.....	170	4.0
Brow.....	4	0.1
Face.....	12	0.3
Transverse.....	11	0.3
Compound.....	4	0.1
Shoulder.....	1	0.02
Not known.....	1	0.02
TOTAL.....	4,207	100.0

*In this report weight is the standard for classification of infants as follows:

	<i>Weight in grams</i>
Abortion.....	Less than 500
Premature infant.....	500-2499
Full term infant.....	2500 and over

†There were 3 additional fetal deaths under 500 grams to the total abortions in this table. There was a 400 gram fetus papyraceus in addition to a full term fetus in one delivery, and one of the abortions represented a triplet pregnancy.

**Two chorionepithelioma diagnoses in postpartum admissions to previous admissions with diagnosis of hydatidiform mole.

OPERATIONS (FULL TERM AND PREMATURE DELIVERIES)	Number	Per cent of Total Deliveries
Forceps Total.....	1,208	28.7
Low.....	534	12.7
Low-Mid.....	510	12.1
Mid.....	159	3.8
High.....	5	0.1
Forceps, rotation instigated only.....	3	0.1
Breech with forceps to after-coming head	29	0.7
Breech extraction.....	14	0.3
Breech with MSV maneuver.....	84	2.0
Braxton-Hicks version.....	2	0.0
Version and extraction (second twin).....	4	0.1
Craniotomy.....	2	0.0
Manual removal of placenta.....	41	1.0
Cesarean Section Total.....	193	4.6
Classical.....	23	0.5
Low cervical.....	167	4.0
Radical (hysterectomy).....	3	0.1
TOTAL OPERATIVE DELIVERIES.....	1,580	37.6
Episiotomy (spontaneous and operative deliveries).....	3,189	75.8
Repair of third degree laceration (spontaneous and operative deliveries).....	82	1.9
INDICATIONS FOR CESAREAN SECTION	Number	Per cent of Cesarean Sections
Contracted Pelvis and Mechanical Dystocia		
Fetopelvic disproportion.....	27	14.0
Contracted pelvis.....	19	9.8
Presentation (6 transverse, 1 brow).....	7	3.6
Cervical dystocia.....	2	1.0
Previous vaginal plastic.....	1	0.5
Previous repair of incompetent internal os.	1	0.5
Previous unification of uterus procedure...	1	0.5
Dystocia due to myoma.....	1	0.5
TOTAL.....	59	30.6
Toxemia		
Severe preeclampsia.....	1	0.5
Previous Cesarean Section.....	68	35.2

INDICATIONS FOR CESAREAN SECTION—Continued	Number	Per cent of Cesarean Sections
Previous myomectomy.....	1	0.5
Hemorrhage		
Placenta previa.....	9	4.7
Premature separation of placenta.....	7	3.6
Placenta previa and premature separation.....	1	0.5
TOTAL.....	17	8.8
Intercurrent Disease		
Diabetes.....	3	1.6
Miscellaneous		
Elderly primipara.....	20	10.4
Prolapsed cord.....	6	3.1
Fetal distress.....	16	8.3
Failed forceps.....	1	0.5
Poor obstetrical history (4 abortions).....	1	0.5
TOTAL.....	44	22.8
GRAND TOTAL.....	193	100.0
Incidence of Cesarean Section		
Total.....	4.6%	
Private.....	6.5%	
Pavilion.....	2.9%	

OBSTETRICAL COMPLICATIONS

IN TOTAL DELIVERIES	Number	Per cent
Placenta previa.....	22	0.5
Premature separation of placenta.....	41	1.0
Placenta previa and premature separation....	4	0.1
Suspected marginal sinus rupture.....	5	0.1
First trimester bleeding.....	334	7.9
Second trimester bleeding.....	73	1.7
Third trimester bleeding.....	143	3.4
Rupture of uterus—incomplete (defects in previous uterine scars).....	5	0.1
Postpartum hemorrhage (C. S. excluded)....	70	1.7
Puerperal bleeding.....	54*	1.3
Contracted pelvis.....	106	2.5
Prolonged labor.....	5	0.1
Prolapsed cord.....	13	0.3
Fetal distress.....	349	8.3
Inversion of uterus.....	1	0.02
Incarceration of uterus.....	1	0.02

*Includes 37 postpartum admissions, whether or not delivered here.

OBSTETRICAL COMPLICATIONS —Continued

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)	<u>Number</u>	<u>Per cent</u>
Toxemia Total.....	355	7.5
Antepartum eclampsia.....	2	0.04
Postpartum eclampsia.....	3	0.06
Severe preeclampsia.....	30	0.6
Mild preeclampsia.....	159	3.3
Hypertensive disease and severe pre- eclampsia.....	6	0.1
Hypertensive disease and mild preeclampsia	11	0.2
Hypertensive disease.....	139	2.9
Renal disease and hypertensive disease....	3	0.06
Unclassified.....	2	0.04
Antepartum infection.....	4	0.1
Intrapartum infection (20 among abortions).....	31	0.7
Febrile postpartum course.....	101	2.1
—puerperal infection.....	66	1.4
—mastitis.....	2	0.04
—pyelitis.....	13	0.3
—intercurrent disease*	13	0.3
—other†.....	7	0.1
One day fever.....	204	4.3
Anemia		
Antepartum.....	120	2.5
Postpartum.....	254	5.3
Thrombophlebitis		
Antepartum.....	10	0.2
Postpartum.....	74	1.6
Hydramnios.....	11	0.2
Separation of symphysis.....	3	0.06
Vaginal or perineal hematomas.....	11	0.2
Post cesarean section hematoma.....	2	0.04
Paralytic ileus.....	7	0.1
Intestinal obstruction.....	1	0.02
Septicemia.....	3	0.06
Puerperal psychosis.....	1	0.02
Pulmonary embolus (one with atelectasis)...	2	0.04

*Intercurrent

- 4 urinary
- 1 pulmonary infarct
- 2 pneumonitis
- 1 subcutaneous emphysema
- 1 pleural effusion
- 1 acute sinusitis
- 1 Hodgkin's disease
- 1 peritoneal irritation from blood
- 1 episode of acute adrenal insufficiency (post T. S.)

†Other

- 3 thrombophlebitis
- 1 incisional hematoma
- 1 paralytic ileus
- 2 ruptured ectopic

OBSTETRICAL COMPLICATIONS—Continued

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)—Continued	Number	Per cent
Atelectasis.....	1	0.02
Acute renal failure.....	1	0.02
Ventricular premature contractions, idiopathic	1	0.02
Partial auriculoventricular block with Wenckebach's phenomenon.....	1	0.02
Herpes gestationis.....	2	0.04
Lupus erythematosus.....	4	0.1

PREVIOUS CESAREAN SECTION BY OUTCOME OF PREGNANCY

	Full Term	Premature	Total	Per cent of Previ- ous C. S.
DELIVERIES				
Cesarean Section.....	64	4	68	57.6
Vaginal Operation.....	16	3	19	16.1
Spontaneous.....	11	3	14	11.9
TOTAL.....	91	10	101	85.6
ABORTIONS.....	..	..	17	14.4
TOTAL PREVIOUS C. S.			118	100.0

ANTEPARTUM AND CONCURRENT CONDITIONS

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)	Number	Per cent
GYNECOLOGICAL		
Myoma.....	80	1.7
Ovarian cyst.....	17	0.4
Endometriosis or history of endometriosis.	3	0.06
Carcinoma of cervix in situ.....	2	0.04
History of carcinoma of cervix in situ.....	1	0.02
Cervical polyp.....	35	0.7
Nabothian cysts.....	14	0.3
Bartholin's duct cyst.....	11	0.2
Vaginal inclusion cyst.....	6	0.1
Other gynecological tumors.....	28	0.6
Lacerated cervix.....	139	2.9

ANTEPARTUM AND CONCURRENT CONDITIONS—Continued

IN TOTAL PREGNANCIES (DELIVERIES AND ABORTIONS)—Continued	Number	Per cent
Cystocele.....	189	4.0
Rectocele.....	131	2.8
Rectovaginal fistula.....	1	0.02
Vesicovaginal fistula.....	1	0.02
Vulval varicosities.....	45	0.9
Bicornuate uterus.....	5	0.1
Other uterine anomaly (1 didelphys, 1 septate, 1 cordiformis).....	3	0.06
Vaginal septum.....	4	0.1
Other gynecological disease.....	137	..
MEDICAL (EXCEPT GYNECOLOGICAL DISEASE)		
<i>Circulatory</i>		
Heart disease, total.....	138	2.9
Acute endocarditis, second trimester.....	1	0.02
Hemorrhoids.....	77	1.6
Varicose veins (not vulval).....	409	8.6
Other circulatory.....	24	0.5
<i>Respiratory</i>		
Tuberculosis, pulmonary total.....	69	1.4
Active.....	5	0.1
Inactive.....	55	1.1
Questionable activity.....	9	0.2
Bronchiectasis.....	3	0.06
Pneumonia (A. P.).....	5	0.1
Asthma.....	35	0.7
Bronchitis.....	12	0.3
Previous lobectomy.....	3	0.06
Previous pneumothorax.....	3	0.06
Upper respiratory infection.....	21	0.4
Other respiratory.....	34	0.7
<i>Digestive</i>		
Appendicitis.....	3	0.06
Intestinal obstruction.....	1	0.02
Ulcerative colitis.....	3	0.06
Intestinal infestation.....	2	0.04
Amebiasis.....	1	0.02
Hernia, total.....	14	0.3
Umbilical.....	7	0.1
Femoral.....	3	0.06
Diaphragmatic.....	1	0.02
Inguinal.....	3	0.06
Infectious hepatitis.....	5	0.1

MEDICAL (EXCEPT GYNECOLOGICAL DISEASE)—Continued	Number	Per cent
<i>Digestive—Continued</i>		
Cholecystitis.....	8	0.2
Gastroenteritis.....	6	0.1
Gastric ulcer or history of gastric ulcer..	7	0.1
Dental caries.....	25	0.5
Other digestive.....	27	0.6
<i>Urinary</i>		
Chronic renal disease exclusive of those with superimposed toxemia.....	8	0.2
Calculus.....	4	0.1
Anomaly of kidney or ureter.....	4	0.1
Pyelitis, antepartum.....	25	0.5
Cystitis.....	5	0.1
Other urinary tract infection		
Antepartum.....	9	0.2
Postpartum.....	102	2.1
Other urinary.....	13	0.3
<i>Blood and Blood-Forming Organs</i>		
Abnormal bleeding tendency—interstitial.....	1	0.02
Inherited platelet deficiency.....	1	0.02
Previous splenectomy for thrombocyto- penia.....	5	0.1
Thrombocytopenic purpura.....	2	0.04
Iron deficiency anemia.....	8	0.2
Banti's syndrome.....	1	0.02
Megaloblastic anemia of pregnancy.....	1	0.02
Infectious mononucleosis.....	1	0.02
Severe anemia undetermined etiology....	1	0.02
Others.....	3	0.06
<i>Endocrinological and Nutritional</i>		
Diabetes.....	23	0.5
Postoperative to bilateral adrenalectomy*	2	0.04
History of Stein-Leventhal syndrome....	2	0.04
Hormone stimulated cycle since irradia- tion for sarcoma.....	1	0.02
Addison's disease.....	1	0.02
Diabetes insipidus.....	1	0.02
Hyperparathyroidism.....	1	0.02
Hypoparathyroidism, postoperative....	1	0.02
Diseases of thyroid or previous thyroidec- tomy.....	62	1.3
Obesity.....	20	0.4
Excessive weight gain.....	21	0.4
Others.....	3	0.06

*Represents one patient who had both a delivery and abortion during 1956.

MEDICAL (EXCEPT GYNECOLOGICAL
DISEASE)—Continued

Mental, Nervous and Sense Organs

Mental disease.....	8	0.2
Cerebral palsy.....	1	0.02
Epilepsy.....	12	0.3
Multiple sclerosis.....	2	0.04
Residual hemiparesis.....	2	0.04
Bell's palsy.....	3	0.06
Poliomyelitis during pregnancy.....	1	0.02
History of poliomyelitis.....	6	0.1
Meningococcemia.....	1	0.02
Neurosis, anxiety.....	21	0.4
Other nervous.....	14	0.3
Diseases of eye and ear.....	11	0.2

Cancer and Other Tumors

Cancer (currently active 3, postoperative 8).....	11	0.2
Boeck's sarcoid.....	2	0.04
Other non-malignant tumors.....	30	0.6

Skin

Lupus erythematosus.....	4	0.1
Herpes gestationis.....	2	0.04
Psoriasis.....	5	0.1
Dermatitis, acne, etc.....	22	0.5
Possible Hansen's disease.....	1	0.02
Others of skin.....	11	0.2

Bone and Muscles

Achondroplastic dwarf.....	1	0.02
Congenital dislocation of hip.....	3	0.06
Other congenital deformities.....	6	0.1
Kyphoscoliosis.....	3	0.06
Scoliosis.....	5	0.1
Arthritis.....	7	0.1
Others of bone and muscle.....	13	0.3

Miscellaneous Diseases

Toxoplasmosis.....	1	0.02
Chickenpox.....	3	0.06
Rubella.....	4	0.1
Parotitis, chronic.....	1	0.02
Mumps.....	2	0.04
Syphilis, or history of syphilis.....	36	0.8
Drug addiction or history of drug addiction.....	4	0.1
Tuberculosis, non pulmonary.....	3	0.06

**OPERATIVE PROCEDURES COMPLICATING PREGNANCY
AND THE POSTPARTUM PERIOD**
DURING PREGNANCY

Exploratory laparotomy with unilateral salpingectomy and oophorectomy.....	1
Unilateral salpingectomy and oophorectomy.....	2
Unilateral oophorectomy.....	3
Exploratory laparotomy and puncture of corpus luteum cyst.....	1
Posterior colpotomy and aspiration of ovarian cyst.....	1
Posterior colpotomy and examination under anesthesia.....	4
Aspiration of cul-de-sac and examination under anesthesia.....	1
Occlusive trachelorraphy (for dilated cervix).....	1
Repair of incompetent cervical os.....	2
Pursestring suture of cervix.....	1
Excision of vaginal septum.....	3
Dilatation and curettage (at later admission ectopic pregnancy found).....	3
Cervical polypectomy.....	2
Biopsy of cervix.....	3
Excision of lipoma labia minora.....	1
Incision and drainage Bartholin's duct abscess.....	4
Excision of Bartholin's duct cyst.....	1
Incision and drainage of other vulval abscess.....	3
Incision and drainage abscess of other sites.....	7
Cholecystectomy.....	5
Appendectomy.....	12
Resection segment of ileum containing Meckel's diverticulum..	1
Revision of ileostomy.....	1
Operation for stab wound in abdomen and obstruction.....	1
Excision of breast tumor.....	4
Excision sinus tract of breast.....	1
Valvulotomy (one reported in 1955).....	2
Decompression laminectomy (metastatic neurogenic sarcoma) ..	1
Other operations (all minor).....	5
 TOTAL.....	 77

AT TERMINATION OF PREGNANCY

AT CESAREAN SECTION

Hysterectomy (1 total, 2 subtotal, 1 with excision fibroma of ovary also).....	3
Repair of uterine defect.....	3
Myomectomy.....	8
Appendectomy.....	46
Repair of fascial defect.....	1
Excision of hydatid cyst.....	2

OPERATIVE PROCEDURES COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

AT TERMINATION OF PREGNANCY—*Continued*

Tubal sterilization.....	11
Lysis of adhesions.....	7
Repair rent in bladder.....	2
Excision of nevus.....	5
Other minor operations.....	2
 AT TERMINATION OF ECTOPIC PREGNANCY	
Salpingectomy (one having tubal plastic also).....	8
Salpingectomy and appendectomy.....	8
Salpingectomy and resection of ovary.....	2
Salpingectomy and oophorectomy.....	1
Salpingectomy, myomectomy and appendectomy.....	1
Excision of cornual pregnancy and omentum, repair of uterine wall.....	1
 NOTE: The following procedures were performed in some of the above cases prior to laparotomy:	
D & C.....	5
Colpotomy.....	4
Aspiration cul-de-sac.....	3
 AT OTHER ABORTION (INCLUDING THERAPEUTIC)	
Total hysterectomy.....	1
Appendectomy.....	1
Vaginal hysterectomy, anterior and posterior repair.....	1
Tubal sterilization.....	4
Vaginal myomectomy.....	1
Needle colpotomy, exploratory laparotomy and appendectomy.....	1
D & C, laparotomy and excision of necrotic blood clot of ovary	1
Hysterotomy and evacuation of hydatidiform mole, biopsy	
uterine wall and appendectomy.....	1
D & C and evacuation of hydatidiform mole.....	1
D & C.....	1
Posterior colpotomy and biopsy of ovary.....	1
Puncture cul-de-sac.....	1
Lysis cervical band, destructive operation (prolapsed upper	
extremity in 380 gram fetus).....	1
Cervical polypectomy.....	1
Biopsy of cervix.....	11
Other minor operations.....	7
 AT VAGINAL DELIVERY	
Vaginal myomectomy.....	1
Cervical repair.....	25
Repair of periurethral lacerations.....	1
Manual removal of fragments of placenta and curettage.....	1
 TOTAL.....	<hr/> 174

OPERATIVE PROCEDURES COMPLICATING PREGNANCY AND THE POSTPARTUM PERIOD—*Continued*

IN THE POSTPARTUM PERIOD

Replacement of uterine inversion.....	1
Total hysterectomy, excision right ovarian cyst (chorionepithelioma).....	1
Total hysterectomy, bilateral salpingectomy, oophorectomy and resection of ileum (chorionepithelioma).....	1
Total hysterectomy, left salpingectomy and oophorectomy.....	1
Subtotal hysterectomy, left salpingectomy and oophorectomy.....	1
Tubal sterilization.....	19
Myomectomy.....	1
Appendectomy (for appendicitis).....	1
Appendectomy, incidental to other abdominal procedures.....	14
Incision and drainage of appendiceal abscess.....	1
Amputation of cervix.....	1
Cervical repair.....	2
Repair of perineal vaginal fistula.....	1
Secondary repair of episiotomy.....	9
Dilatation and curettage.....	53
Curettage.....	2
Tamponade of uterus.....	17
Exploration of uterine cavity.....	7
Evacuation of hematoma, vaginal and perineal.....	9
Cervical polypectomy.....	1
Biopsy of cervix.....	4
Incision and drainage of breast abscess.....	10
Incision and drainage of perineal cellulitis.....	1
Excision of Bartholin's duct cyst.....	4
Rectal polypectomy.....	1
Right groin dissection and skin graft.....	1
Excision of femoral mass.....	1
Excision of nevi, papillomata.....	13
Other minor operations.....	33
TOTAL.....	211

NON-OPERATIVE PROCEDURES AMONG PATIENTS WHO DELIVERED

	<i>Number</i>	<i>Per cent of Total Deliveries</i>
Induction without pitocin.....	20	0.5
Induction with pitocin.....	222	5.3
Induction—rupture of membranes.....	276	6.6
Stimulation of labor with pitocin.....	359	8.5
Cystoscopy.....	2	0.05

**NON-OPERATIVE PROCEDURES AMONG PATIENTS
WHO DELIVERED—Continued**

	Number	Per cent of Total Deliveries
Proctoscopy.....	1	0.02
Examination under anesthesia only.....	3	0.1
Vaginal examination—intrapartum.....	2,044	48.6
Exploration of uterine cavity at delivery.....	76	1.8
Transfusions (number of patients receiving trans- fusions*).....	141	3.4
Other non-operative procedures.....	206	

*The total number of obstetrical patients receiving transfusions was 239.

ANTEPARTUM DISCHARGES

Primary Reason for Admission

	Number	Per cent of Antepartum Discharges
OBSTETRICAL COMPLICATIONS		
Threatened abortion.....	80	16.9
Rupture of membranes.....	6	1.3
Antepartum bleeding (1st Trimester, 19; 2nd, 14; 3rd, 37).....	70	14.8
False labor.....	102	21.6
For consideration of induction.....	2	0.5
Induction—unsuccessful.....	3	0.6
Toxemia or suspected toxemia.....	15	3.2
Vomiting.....	19	4.0
For consideration of therapeutic interruption.....	1	0.2
Thrombophlebitis.....	4	0.8
Suspected ectopic pregnancy.....	1	0.2
Slightly open cervix in habitual aborter.....	1	0.2
Separation of symphysis.....	1	0.2
Evaluation of Rh negative immunized patient.....	1	0.2

GYNECOLOGICAL COMPLICATIONS

Operative

Major abdominal.....	4	0.8
Minor.....	18	3.8

Non-Operative

Examination under anesthesia.....	6	1.3
Myoma.....	6	1.3
Ovarian cyst.....	1	0.2
Bartholin's duct cyst.....	1	0.2
Prolapse of cervix.....	1	0.2
Evaluation of patient postoperative to dysger- minoma of ovary.....	1	0.2

ANTEPARTUM DISCHARGES—Continued

MEDICAL AND SURGICAL COMPLICATIONS (EXCLUDING GYNECOLOGICAL DISEASE)	Number	<i>Per cent of Antepartum Discharges</i>
<i>Operative</i>		
Major abdominal.....	5	1.1
Minor.....	5	1.1
<i>Non-Operative</i>		
Acute pyelonephritis, septicemia and death....	1	0.2
Adenoma of thyroid (operation deferred)....	2	0.5
Pre or postoperative to mitral valvulotomy....	2	0.5
Evaluation of cardiac status.....	15	3.2
Recurrent neurogenic sarcoma (two admissions same patient, death on second).....	2	0.5
Recurrent malignant melanoma of groin.....	1	0.2
Pneumonia.....	3	0.6
Other respiratory infection.....	8	1.7
Intestinal obstruction.....	1	0.2
Cholecystitis.....	1	0.2
Gastroenteritis.....	9	1.9
Infectious hepatitis.....	1	0.2
Other digestive.....	2	0.5
Pyelitis.....	9	1.9
Urinary calculus.....	3	0.6
Hydronephrosis.....	1	0.2
Cystitis.....	3	0.6
Other urinary.....	7	1.5
Anemia (1 iron deficiency, 1 other).....	2	0.5
Diabetes.....	12	2.5
Excessive weight gain.....	3	0.6
Meningococcemia.....	1	0.2
Psychoneurosis.....	2	0.5
Bell's palsy.....	1	0.2
Lupus erythematosus (3 admissions, same pa- tient).....	4	0.8
Undiagnosed pain.....	10	2.1
Others.....	12	2.5
 TOTAL.....	 472	 100.0

POSTPARTUM ADMISSIONS

Primary Reason for Admission	Number	<i>Per cent of Postpartum Admissions</i>
Dilatation and curettage, total hysterectomy, bilateral salpingectomy and oophorectomy, and resection of ileum (chorionepithelioma).....	1	0.9
Total hysterectomy, excision of right ovarian cyst and appendectomy (chorionepithelioma).....	1	0.9
Dilatation and curettage, and total hysterectomy (hemorrhage).....	1	0.9
Dilatation and curettage, and biopsy of cervix....	3	2.6
Puerperal bleeding.....	48	42.1
Puerperal infection, febrile.....	4	3.5
Endometritis, parametritis.....	2	1.8
Perineal cellulitis.....	1	0.9
Periurethral abscess	1	0.9
Bartholin's duct cyst.....	1	0.9
Retained infected placenta, after completion of abortion.....	1	0.9
Delivered at home, admitted via ambulance post-partum.....	15	13.2
Mild preeclampsia.....	1	0.9
Evaluation of renal status after severe preeclampsia	1	0.9
Breast abscess.....	14	12.3
Mastitis.....	3	2.6
Evaluation of dizziness.....	1	0.9
Thrombophlebitis.....	6	5.3
Tubal sterilization.....	1	0.8
Appendiceal abscess.....	1	0.8
Gastroenteritis due to <i>B. paratyphosa</i>	1	0.8
Urinary tract infection.....	2	1.8
Pneumonitis.....	1	0.8
Question of periorteritis nodosa.....	1	0.8
Abdominal pain, undetermined etiology.....	2	1.8
 TOTAL.....	 114	 100.0

**PERINATAL MORTALITY BY CAUSE OF DEATH, TIME OF DEATH,
AND BY BIRTH WEIGHT—1956**

LIVE BIRTHS, DEADBORN AND TOTAL BIRTHS, NEONATAL AND
TOTAL DEATH RATES PER 100

1956

BY BIRTH WEIGHT IN GRAMS
{including twins}

Weight in Grams	Live Births	Neonatal Deaths	Neonatal Death Rate Per 100 Live Births		Total Births (Live and Deadborn)	Total Deaths (Neonatal and Deadborn)	Total Death Rate per 100 Total Births
			Per 100 Live Births	Deadborn			
500-999	12	11	91.7	9	21	20	95.2
1,000-1,499	28	17	60.7	14	42	31	73.8
1,500-1,999	41	9	22.0	5	46	14	30.4
2,000-2,499	208	8	3.8	10	218	18	8.3
2,500-2,999	850	4	0.5	3	853	7	0.8
3,000-3,499	1,724	3	0.2	7	1,731	10	0.6
3,500-3,999	1,043	6	0.6	3	1,046	9	0.9
4,000-4,499	273	..	..	..	273	..	..
4,500-4,999	33	..	..	..	33	..	..
5,000+	4	..	..	..	4	..	..
TOTAL	4,216	58	1.4	51	4,267	109	2.6
1,000 and over	4,204	47	1.1	42	4,246	89	2.1
1,500 and over	4,176	30	0.7	28	4,204	58	1.4

LIVE BIRTHS AND NEONATAL DEATH RATE PER 100 LIVE BIRTHS, DEADBORN, TOTAL BIRTHS AND PERINATAL MORTALITY, 1932-1956 FULL TERM, PREMATURE* AND TOTAL {including multiple births}

Years	Live Births			Neonatal Death Rate Per 100 Live Births						
	Full Term		Premature	Total	Full Term			Premature		Total
	No.	Per Cent	No.	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.
1932-1950	55,067	2,123	57,190	456	0.8	292	13.8	748	1.3	
1951-1955	19,097	1,340	20,437	84	0.4	212	15.8	296	1.4	
1956	3,927	289	4,216	13	0.3	45	15.6	58	1.4	
TOTAL	78,091	3,752	81,843	553	0.7	549	14.6	1,102	1.3	

Years	Deadborn			Total Deaths Death Rate Per 100 Total Births (Perinatal Death Rate)					
	Full Term		Premature	Full Term			Premature		Total
	No.	Per Cent	No.	No.	Per Cent	No.	Per Cent	No.	No.
1932-1950	720		227	947					
1951-1955	108		183	291					
1956	13		38	51					
TOTAL	841		448	1,289					

Years	Total Births (Live and Deadborn)			Death Rate Per 100 Total Births (Perinatal Death Rate)						Total
	Full Term		Premature	Total	Full Term			Premature		Total
	No.	Per Cent	No.	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.
1932-1950	55,787	2,350	58,137	1,176	2.1	519	22.1	1,695	2.9	
1951-1955	19,205	1,523	20,728	192	1.0	395	25.9	587	2.8	
1956	3,940	327	4,267	26	0.7	83	25.4	109	2.6	
TOTAL	78,932	4,200	83,132	1,394	1.8	997	23.7	2,391	2.9	

*Premature from 1932-1950 includes infants with birth weight 1500-2499 grams.
Premature from 1951-1956 includes infants with birth weight 500-2499 grams.

MATERNAL MORTALITY FOR PERIOD

September 1, 1932—December 31, 1956

PAVILION, PRIVATE AND BERWIND OUTDOOR SERVICES

During this period there were 118 deaths in 109,893 discharged patients; a maternal mortality rate of 1.1 per 1,000 patients discharged, or 1.2 per 1,000 pregnancies. In 1956 there were three deaths. The causes of death for the total period are shown in the following table:

<i>Cause of Death</i>	<i>1932 to 1937</i>	<i>1938 to 1942</i>	<i>1943 to 1947</i>	<i>1948 to 1952</i>	<i>1953 to 1955*†</i>	<i>1956</i>	<i>Total</i>	<i>Grand Total</i>	<i>Per Cent Total</i>
Infection									
Antepartum.....	1	..	..	..	..	..	1		
Postpartum									
Puerperal infection.....	4	..	1	..	..	..	5		
Peritonitis following C. S.....	5	1	..	..	..	..	6	19	16.1
Peritonitis following ruptured appendix.....	..	2	..	1	..	..	2		
Postabortal.....	1	3	..	1	..	..	5		
Pneumonia									
Antepartum.....	2	..	..	..	..	..	2		
Postpartum.....	4	..	1	..	1	..	6	8	6.8
Hemorrhage									
Antepartum									
Placenta previa.....	1	..	..	..	..	..	1		
Premature separation of placenta.....	3	..	..	..	..	..	3		
Postpartum									
Vaginal delivery.....	4	2	3	..	..	..	9	19	16.1
Following cesarean section.....	2	1	..	..	..	..	3		
Ruptured uterus.....	1	1	..	..	..	..	2		
Ectopic pregnancy.....	..	1	..	..	..	..	1		
Toxemia									
Acute yellow atrophy.....	2	1	..	..	..	..	3		
Eclampsia.....	1	..	..	1	..	..	2	5	4.2
Cardiac disease									
Antepartum.....	2	3	3	5	3	..	16		
Postpartum.....	3	1	..	1	1	..	6	22	18.6
Embolus.....	4	6	2	..	1	..	13	13	11.0
Pyelonephritis.....	2	..	..	1	..	1	4	4	3.4
Ischemic nephrosis.....	..	..	..	..	..	..	1	1	0.9
Necrosis of renal cortices.....	..	..	1	..	..	..	1	1	0.9
Cerebrovascular accident.....	2	1	3	..	..	..	6	6	5.1
Anesthesia.....	1	1	..	..	..	..	2	2	1.7
Transfusion reaction.....	..	..	2	..	..	..	2	2	1.7
Tuberculosis, miliary.....	1	..	..	..	..	..	1	1	0.9
Chorioepithelioma (postpartum).....	1	..	1	..	..	..	2	2	1.7
Carcinoma of breast.....	..	..	..	3	..	..	3	3	2.5
Carcinoma of liver.....	..	..	..	1	..	..	1	1	0.8
Carcinoma of thyroid.....	..	..	1	..	..	..	1	1	0.8
Melanocarcinoma skin of right buttock.....	..	..	..	1	..	..	1	1	0.8
Sarcoma (neurogenic) left buttock.....	..	..	..	1	..	..	1	1	0.8
Sarcoma (neurogenic) peroneal nerve.....	..	..	..	..	..	1	1	1	0.8
Sarcoma (reticulos cell).....	..	..	..	..	..	1	1	1	0.8
Blood dyscrasia-erythroblastic splenomegaly.....	1	..	..	..	..	..	1	1	0.9
Suicide (undelivered).....	1	..	..	..	..	..	1	1	0.9
Colitis, subacute.....	..	1	..	..	..	..	1	1	0.9
Not determined (insufficient data).....	1	..	..	..	..	..	1	1	0.9
TOTAL.....	50	25	20	13	7†	3	118	118	100.0

*There were no maternal deaths in 1954.

†Two of these deaths occurred after transfer to other services in the main hospital.

STATISTICS
GYNECOLOGICAL DEPARTMENT
January 1, 1956—December 31, 1956

TOTAL DISCHARGES.....	2,538
Race	
White.....	2,285
Colored.....	253
TOTAL.....	2,538

DIAGNOSIS ON DISCHARGE

VULVA

Bartholin's gland abscess or cyst.....	43
Benign tumor.....	31
Carcinoma.....	15
Condylomata.....	3
Congenital abnormalities.....	1
Diseases of hymen.....	21
Hyperkeratosis.....	4
Leukoplakia.....	22
Vulvitis.....	11
Others of vulva.....	43

VAGINA AND PERINEUM

Benign tumor.....	25
Carcinoma.....	1
Congenital abnormalities.....	9
Cul-de-sac hernia.....	41
Cystocele.....	373
Rectocele.....	361
Gartner's duct tumor.....	6
Inclusion cyst.....	18
Old perineal laceration.....	2
Rectovaginal fistula.....	3
Relaxed outlet.....	353
Vesicovaginal fistula.....	1
Ureterovaginal fistula.....	1
Rectoperineal fistula.....	2
Other fistulae.....	3
Stricture.....	24
Vaginitis.....	12
Others of vagina and perineum.....	163

CERVIX

Carcinoma, adeno.....	11
Carcinoma, squamous (invasive).....	76
Carcinoma, in situ (Stage O).....	36
Basal cell hyperactivity.....	102

DIAGNOSIS ON DISCHARGE—*Continued*

Cervicitis.....	1,074
Endocervicitis.....	44
Congenital abnormalities.....	4
Descensus.....	146
Endometriosis.....	5
Erosion.....	220
Hyperkeratosis.....	53
Hypertrophy.....	75
Laceration.....	123
Myoma.....	12
Polyp.....	223
True ulcer.....	55
Other benign tumors.....	14
Squamous metaplasia.....	341
Stenosis.....	61
Cystic.....	805
Others of cervix.....	76
UTERUS	
Atrophic endometrium.....	269
Adenomyoma.....	15
Adenomyosis.....	211
Carcinoma.....	51
Congenital abnormalities.....	16
Endometriosis.....	20
Endometritis.....	24
Hyperplasia of endometrium.....	196
Menorrhagia.....	830
Metrorrhagia.....	554
Myoma.....	832
Polyp.....	393
Procidentia.....	47
Pyometria.....	5
Retroversion.....	292
Other malposition.....	82
Sarcoma.....	19
Benign squamous epithelium.....	112
Other benign tumors.....	12
Others of uterus.....	110
Tuberculosis of endometrium.....	2
TUBE	
Benign tumor.....	11
Carcinoma (? primary).....	1
Congenital abnormalities.....	4
Endometriosis.....	18

DIAGNOSIS ON DISCHARGE—Continued

TUBE—Continued

Hematosalpinx.....	5
Hydrosalpinx.....	33
Pyosalpinx.....	3
Perisalpingitis.....	21
Salpingitis.....	183
Tubo-ovarian abscess.....	3
Tuberculosis.....	1
Others of tube.....	121

OVARY

Carcinoma.....	26
Granulosa cell tumor malignant.....	1
Krukenberg tumor.....	1
Malignant teratoma.....	1
Benign teratoma.....	1
Congenital abnormalities.....	4
Corpus luteum cyst.....	40
Dermoid cyst.....	27
Endometrial cyst.....	44
Endometriosis.....	37
Fibroma, fibroadenoma.....	11
Follicular cyst.....	78
Endosalpingioma, benign.....	1
Granulosa cell cyst.....	7
Perioophoritis.....	49
Paraovarian cyst.....	14
Peripheral sclerosis.....	22
Prolapse.....	31
Pseudomucinous cyst, cystadenoma.....	13
Serous cystadenoma.....	14
Simple retention cyst.....	37
Other cysts and tumors.....	135
Others of ovary.....	131

OTHER CONDITIONS

Intraligamentary myoma.....	3
Intraligamentary cyst.....	1
Endometriosis—other genital.....	24
Endometriosis—extra genital.....	11
Peritoneal inclusion cyst.....	4
Pelvic abscess.....	4
Pelvic peritonitis.....	2
Syphilis or history of syphilis.....	37
Urethrocele.....	56
Other (miscellaneous), gynecological and associated pelvic conditions.....	824

CANCER ADMISSIONS

1956

	<i>New Cases</i>	<i>First Admission of 1956</i>	<i>Total Admissions in 1956</i>
CERVIX UTERI			
Invasive, Stages I-IV.....	34	57	87
Intraepithelial, Stage O.....	22	27	36
CORPUS UTERI			
Carcinoma.....	34	42	51
Sarcoma.....	14	15	19
OVARY			
Carcinoma.....	14	21	26
Other.....	1	3	3
TUBE (?) of primary	1	1	1
VULVA	8	12	15
VAGINA	1	1	1
URETHRA.....	..	1	3
BLADDER	1	4	4
TOTAL	130	184	246

OPERATIONS

Major.....	872
Minor.....	1,467
TOTAL	2,339

**TOTAL OPERATIONS AND PROCEDURES
PERFORMED ON PATIENTS DISCHARGED FROM
GYNECOLOGICAL SERVICE 1956***

VAGINAL AND PERINEAL

Dilatation of cervix.....	18
Dilatation and curettage.....	1,632
Tubal insufflation.....	38
Biopsy cervix.....	778
Other biopsy.....	68
Insertion of pessary.....	40
Insertion of radium.....	37
Cauterization of cervix.....	34
Bartholin's excision.....	22
Bartholin's incision and drainage.....	9
Removal condylomata.....	2
Removal inclusion cyst.....	14
Removal Gartner's cyst.....	6
Hymenotomy.....	19
Cervical repair.....	13
Polypectomy.....	139
Amputation cervix.....	43
Vulvectomy.....	14
Perineorrhaphy.....	9
Anterior colporrhaphy.....	218
Posterior colporrhaphy.....	222
Other vaginoplasty.....	6
Vaginectomy.....	1
Vaginal myomectomy.....	2
Repair cul-de-sac hernia.....	24
Vaginal hysterectomy.....	110
Culdoscopy.....	1
Colpotomy.....	16
Excision of cervical stump.....	10
Other vaginal operations.....	125

ABDOMINAL GYNECOLOGICAL OPERATIONS

Total hysterectomy.....	343
Subtotal hysterectomy.....	6
Myomectomy.....	61

ABDOMINAL GYNECOLOGICAL OPERATIONS—Continued

Suspension associated with other surgery.....	42
Radical pelvic eviscerectomy.....	1
Radical hysterectomy and lymphadenectomy.....	12
Salpingectomy, unilateral.....	83
Salpingectomy, bilateral.....	192
Oophorectomy, unilateral.....	90
Oophorectomy, bilateral.....	182
Resection of ovary.....	64
Removal paraovarian cyst.....	5
Cauterization endometrial implants.....	1
Tubal sterilization (2 via colpotomy).....	4
Salpingostomy.....	17
Suspension of ovary.....	1
Other abdominal operations..	62

URINARY TRACT OPERATIONS

Plication urethra.....	13
Suprapubic suspension urethra	13
Transplantation ureters.....	1
Biopsy	14
Excision urethral caruncle....	2
Other operations.....	23

RECTAL OPERATIONS

Repair rectovaginal fistula...	1
Hemorrhoidectomy.....	28
Polypectomy.....	5
Other operations.....	18

*This table refers to operations and procedures performed during the patient's hospital admission.

TOTAL OPERATIONS AND PROCEDURES—*Continued*

OTHER ABDOMINAL OPERATIONS

Exploratory laparotomy, no removal.....	20
Exploratory laparotomy, biopsy.....	45
Release of adhesions.....	151
Appendectomy.....	253
Repair hernia.....	20
Secondary closure.....	6
Colostomy.....	7
Removal peritoneal cyst.....	3

OTHER OPERATIONS

Excision breast tumors.....	27
Paracentesis.....	10
Presacral neurectomy.....	3
Other operations.....	80
NON-OPERATIVE PROCEDURES	
Examination under anesthesia	2,224
Proctoscopy.....	132
Cystoscopy.....	127
THERAPY, NON-OPERATIVE	
Transfusions.....	319
X-ray.....	66

POSTOPERATIVE COMPLICATIONS

Among 2,339 operative cases 1,935 or 82.7% had no postoperative complications.

The following occurred among the 404 patients who had postoperative complications:

	<i>Number</i>	<i>Per cent of Total Operative Cases</i>
Febrile—etiology unknown	63	2.7
Febrile—urinary tract infection	81	3.5
Febrile—thrombophlebitis	9	0.4
Febrile—infection operative site	15	0.6
Febrile—other cause	36	1.5
Shock—operative	6	0.3
Urinary tract infection—afebrile	108	4.6
Thrombophlebitis—afebrile	8	0.3

Some of the following complications occurring with a febrile course were included in the categories above also, and in some instances more than one complication occurred in the same individual:

Cardiac arrest	2	0.1
Other cardiac	8	0.3
Pulmonary embolus	2	0.1
Volvulus	1	0.04
Paralytic ileus	17	0.7
Intestinal obstruction	7	0.3
Pneumonia, pneumonitis	2	0.1
Atelectasis	5	0.2
Wound infection	14	0.6
Wound disruption	17	0.7
Peritonitis	1	0.04
Anemia	41	1.8
Hemorrhage	13	0.6
Hematoma	21	0.9
Ureterovaginal and other fistulae	3	0.1
Other respiratory	8	0.3
Other urinary	40	1.7
Other digestive	9	0.4
Miscellaneous	19	0.8
 TOTAL	 556	

MORTALITY ON THE GYNECOLOGICAL SERVICE FOR THE PERIOD—September 1, 1932—December 31, 1956

During this period there were 238 deaths in 37,614 discharged patients, giving a gross mortality of 0.63% or 6.3 per thousand patients discharged.

*Postoperative Mortality**

	1956		1932-1956	
	Operations	Deaths	Operations	Deaths
Major.....	872	11	14,188	90
Minor.....	1,467	2	19,044	38
Total.....	2,339	13	33,232	128

The incidence of postoperative mortality = 0.5% (5.6 per thousand) for 1956 and for the whole period, 0.4% (4 per thousand).

The causes of death in these 238 patients are shown in the following table:

Cause of Death	1932-1937	1938-1942	1943-1947	1948-1952	1953-1955	1956	Total
Acute leukemia.....	..	..	..	1	..	..	1
Air embolism.....	..	..	1	..	..	..	1
Asphyxia.....	..	..	1	..	..	..	1
Carcinoma of bladder.....	..	1	..	..	..	..	1
Carcinoma, bronchogenic.....	..	..	..	1	..	..	1
Carcinoma, breast.....	..	..	..	1	..	..	1
Carcinoma of cervix.....	3	2	10	23	6†	4	48
Carcinoma of colon.....	..	2	..	..	..	..	2
Carcinoma of ovary.....	7	14	12	21	11‡	2	67
Carcinoma of pancreas.....	..	..	1	..	..	1	2
Carcinoma of rectum.....	..	..	1	..	..	..	1
Carcinoma of sigmoid.....	..	..	..	1	..	..	1
Carcinoma of tube.....	..	1	..	..	1	1?	3
Carcinoma of urethra.....	..	1	..	..	1	..	2
Carcinoma of uterus.....	1	5	4	11	2	3	26
Carcinoma of vagina.....	1	..	1	..	..	..	2
Carcinoma of vulva.....	..	..	1	1	..	1	3
Cardiac failure.....	1	..	1	2	..	2	6
Coronary thrombosis.....	..	1	1	1	1	..	4
Diabetes.....	..	1	1	..	..	..	2
Hemorrhage, cerebral.....	1	..	..	..	..	..	1
Hemorrhage, cervical myoma.....	1	..	..	..	..	..	1
Hepatic abscess.....	..	..	1	..	..	..	1
Krukenberg tumor.....	1	..	1	..	..	1	3
Leiomyosarcoma, pelvis, site of origin unknown.....	..	..	1	..	..	..	1
Malignant lymphoma.....	..	..	..	1	..	..	1
Malignant melanoma.....	1	..	..	..	..	..	1
Narcosis (gas, oxygen, ether).....	..	2	1	..	..	..	3
Nephritis.....	..	..	..	1	..	..	1
Pelvic inflammatory disease.....	1	..	..	..	..	..	1
Pelvic malignancy, site of origin unknown.....	2	..	..	..	3	1	6
Peritonitis.....	3	1	1	..	..	..	5
Pneumonia.....	2	1	..	..	..	..	3
Pseudohemophilia.....	..	..	..	1	..	..	1
Pulmonary embolus.....	2	8	3	1	..	..	14
Ruptured appendix.....	1	1	..	..	..	..	2
Sarcoma of ovary.....	1	..	..	..	..	..	1
Sarcoma of pancreas.....	..	1	..	..	..	..	1
Sarcoma of uterus.....	1	3	4	..	1	..	9
Theca granulosa cell tumor.....	..	1	..	..	..	..	1
Thromboembolism.....	..	..	1	..	..	..	1
Tuberculosis, miliary.....	..	..	1	..	..	..	1
Tuberculous peritonitis.....	..	..	..	1	..	..	1
Tubo-ovarian abscess.....	..	..	..	..	1	..	1
Uremia.....	..	1	..	..	..	..	1
Vascular accident (?).....	..	..	..	..	1	..	1
Total.....	30	47	48	69	28	16	238

* "Postoperative Mortality" as used in this table includes all deaths following any operative procedure, major or minor, provided the procedure was performed during the terminal hospital stay of the patient, irrespective of the duration between operation and death.

†One of these patients died after transfer to the Medical Department.

‡One of these patients died after transfer to the Surgical Department.

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